functioning, more restful sleep, and less smoking. For Veterans, self-rated health was predicted by smoking, years of education, and physical functioning, explaining 56% of the variance. For non-Veterans, significant predictors were age, education, depression, BMI, smoking, and restful sleep, explaining 51% of the variance. For Veterans, depression was predicted by physical functioning, self-rated health, restful sleep, and frequency of mild activities, explaining 54% of the variance. For non-Veterans, depression was predicted by self-rated health, physical functioning, restful sleep, smoking, age, BMI, and frequency of mild activities, explaining 47% of the variance. Predictors of self-rated health differ between groups. Smoking and physical functioning may be important targets for improving health in Veterans. Predictors of depression are similar for Veterans and non-Veterans.

358. Exploring a Potential Role for Education in the Relation between Loneliness and Cognition, *Dianna Phillips, Psychology, University of California, Riverside; Andrew Petkus, Psychology, University of Southern California; Wendy Johnson, Psychology, The University of Edinburgh; Carol E. Franz, Psychiatry, University of California, San Diego; Chandra A. Reynolds, Psychology, University of California, Riverside*
Objectives: Examine the relations between loneliness and education and how they each contribute to cognitive performance.; Explore whether education may facilitate vulnerability to cognitive decline in the context of loneliness.
Abstract Body: Feelings of loneliness have been associated with increased dementia risk and rate of cognitive decline, as well as reduced performance on tasks measuring processing speed, working and long-term memory, and spatial ability (Wilson et al., 2007; Shankar et al., 2013). Prior work suggests that individuals with less education may be particularly vulnerable to experiencing poor cognitive functioning in the context of loneliness, suggesting a potential cognitive reserve pathway (Shankar et al., 2013). However, this has only been explored for limited cognitive domains. Participants were drawn from six studies participating in the Consortium on Interplay of Genes and Environment across Multiple Studies (Denmark, Sweden, US; age range 27–92 years). Nested mixed linear models were fitted to examine the relation between loneliness and processing speed (n = 6459, 54% female) and spatial ability (n = 1897, 60% female), and to test for moderation of these relations by educational attainment. For both spatial (Block Design) and processing speed (Digit Symbol), findings suggested that higher levels of loneliness and lower educational attainment each directly contributed to poorer cognitive performance. Moderation of the relationship between loneliness and cognition by education was not supported. Hence, further research is warranted to unpack the association of loneliness with cognitive performance.

359. Vida Calma: Spanish-adapted CBT intervention for Spanish Elder with GAD, *Kateri Perez, Psychological,Health, and Learning Sciences, University of Houston, HSR&D, Houston VA Medical Center, Psychiatry and Behavioral Sciences, Baylor College of Medicine; Katherine Ramos, GRECC, Durham VA Medical Center; Nancy L. Wilson, HSR&D, Houston VA Medical Center, Psychiatry and Behavioral Sciences, Baylor College of Medicine; Amy Bush, HSR&D, Houston VA Medical Center, Psychiatry and Behavioral Sciences, Baylor College of Medicine; Mark E. Kunik, HSR&D, Houston VA Medical Center, Psychiatry and Behavioral Sciences, Baylor College of Medicine; Melinda A. Stanley, HSR&D, Houston VA Medical Center, Psychiatry and Behavioral Sciences, Baylor College of Medicine*
Objectives: Learn about the mental health services within the Hispanic community, particularly for Spanish speaking elders.; Understand the need of help service delivery and know more of a Spanish adapted intervention known as Vida Calma.
Abstract Body: Hispanic older adults are the fastest growing minority group in the U.S. Nearly 20% of English-speaking Hispanic elders fail to access mental health services, and percentages are even higher among Spanish-speaking (only) older adults. Nevertheless, most of these individuals remain untreated. Barriers to care in this community are significant (e.g., lack of providers, cost, transportation limitations) and are further compounded by socio-demographic disparities (e.g., low income, language barriers) and cultural taboos (e.g., stigma about mental health). Despite such disparities, Hispanic elders often rely on their cultural values of religion, spirituality (R/S), and familismo as coping resources when experiencing psychological distress and making healthcare decisions. To improve service delivery in this community, cultural adaptations to mental health interventions are needed. Spanish-adapted mental health treatments have been developed to address depression among Hispanic elders, but little is known about efficacious treatments for elderly Hispanics suffering from anxiety disorders (e.g., Generalized Anxiety Disorder [GAD]) despite high prevalence and significant public health impact. To address this need, we created 'Vida Calma (VC),' a Spanish adaptation to an evidence-based cognitive behavioral treatment (known as 'Calmer Life') that incorporates sensitivity to R/S and addresses linguistic barriers for Spanish-speaking elders with GAD. We present a current case study using VC that supports the use